

VIEWDIRECT / DOCDIRECT

REQUEST FOR ACCESS TO CAPS, MMARS, PCRS, OR PMIS REPORTS

Nature of Request: ☐ ADD
☐ CHANGE (DESCRIBE CHANGE IN COMMENT FIELD)
☐ DELETE
☐ SECRETARIAT LEVEL REPORTS

DATE: _____
ASSIGNED UAID: _____
(If no UAID ASSIGNED, Please
submit EM-ISSA form to ITD)

PERSON TO BE AUTHORIZED:

MMARS DEPT. CODE: _____

Full name: _____

Telephone: _____

Mailing Address: _____

Local printer ID to be used for selected page printing: _____
(6 CHARACTER ID):

SYSTEMS REQUESTED (SELECT WITH AN X)

<input type="checkbox"/>	CAPS	(LIST ADDITIONAL DEPT.(s) IF NEEDED)	_____	_____	_____	_____	_____
<input type="checkbox"/>	MMARS	(LIST ADDITIONAL DEPT.(s) IF NEEDED)	_____	_____	_____	_____	_____
<input type="checkbox"/>	PCRS	(LIST ADDITIONAL DEPT.(s) IF NEEDED)	_____	_____	_____	_____	_____
<input type="checkbox"/>	PMIS	AGENCY (List #'s)	_____	_____	_____	_____	_____

DEPARTMENTAL SECURITY OFFICER:

NAME: _____ TELEPHONE: _____

COMMENTS:

RETURN TO:
Please return completed form to:
E-mail: Edwin Rivera@infosec@ITD.Chelsea
OR
ERIVERA@STATE.ma.us